



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF CHILD AND FAMILY SERVICES

**Children's Licensing and Investigation Services**  
Emergency Youth Shelter Application

SECTION 1: Facility Information			
Facility/Agency Name:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: (     )		Fax No.: (     )	
Email Address:		Social Security No or State Tax ID:	

SECTION 2: Application Type	
<b>APPLICATION FOR EMERGENCY YOUTH SHELTER</b>	
License Type (Select all that apply):	
<input type="checkbox"/> New License	
<input type="checkbox"/> Renewal License - <b>License #:</b> _____	

*For questions regarding this program and/or application, please contact the following:*

**Department of Health and Human Services  
Office of Child and Family Services  
Children's Licensing and Investigation Services  
2 Anthony Avenue  
11 State House Station  
Augusta, ME 04333-0011**

Tel: (207) 287-5020

Fax: (207) 287-9304

TTY users call Maine relay 711

Email: [info.dhhs@maine.gov](mailto:info.dhhs@maine.gov)

SECTION 3: Facility Contact Information			
Name and Title of Primary Contact Person:			
Telephone No.: (      )		Email Address:	
Name and Title of Second Applicant (if applicable):			
Telephone No.: (      )		Email Address:	
Name and Title of Board Chair:			
Telephone No.: (      )		Email Address:	
Corporation Name (if applicable):			
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: (      )		Fax No.: (      )	

SECTION 4: Facility Information		
<b>Current Licenses / Certificates.</b> List any licenses currently held:		
Type	Terms	Expiration Date
_____	_____	_____
_____	_____	_____
<b>Type of facility:</b>		
<input type="checkbox"/> Individual Proprietorship	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Tribal Government
<input type="checkbox"/> Church	<input type="checkbox"/> Partnership	<input type="checkbox"/> Parent Co-Op
<input type="checkbox"/> Other (describe): _____		
<b>Services:</b>		
Capacity of Facility: _____	Age Range: From _____ to _____	
Sex: Male only: _____	Female only: _____	Co-Ed: _____
<b>Source of Water Supply:</b>		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Other: _____
<b>Waiver Request:</b> If you are requesting a new waiver/exception or an extension, please describe your request:		
_____		
_____		
_____		
_____		

**SECTION 5: Submission**

First time applicants must also submit the following with their completed application:

- Articles of Incorporation
- Complete Policy Manual
- Reference Letters
- Fire Inspection Request Form (Appendix A)

**SECTION 6: Declaration**

I/We have received and read the rules for the licensing and/or certification process. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws pertaining to the operation of such facilities.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department of Health and Human Services to obtain any criminal or protective records information which may be on file in any Country, State or Federal Office. I/We understand any falsification of statement may be grounds for denial.

I/We further certify that all information contained in this application is complete and accurate.

\_\_\_\_\_  
Print name of Applicant/Operator/Administrator

\_\_\_\_\_  
Signature of Applicant/Operator/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Board President (If Applicable)

\_\_\_\_\_  
Signature of Board President (If Applicable)

\_\_\_\_\_  
Date